

The emotional distance between the family members, which the conceptual model had anticipated, was noted by all three raters especially in their evaluation of Family 3. So, too, was the pervasive sense of joylessness; of being together out of necessity and of deriving no pleasure from each others' company.

The absence of the father and additional children in Family 3 and the absence of male children in Family 4 made it impossible to come to any conclusion regarding the strength of the parental coalition and the presence or absence of parent-child coalitions or scapegoated children. However, the raters were of the opinion that the daughter in Family 3 and one daughter in Family 4 did not occupy positions of favour in their respective families.

In some respects, the conceptual model of the suicidal family was supported. In several others, the limitations of this study, made assessment impossible. There was, however, no behavior of the subject families which, in the opinion of any of the raters, directly conflicted with that predicted by the conceptual model. I believe that this study provided sufficient support of the conceptual model of the suicidal family to justify its further exploration and refinement.

Improvements to This Study

In order to properly test and refine the conceptual model, presented in this thesis, of the suicidal family, a much larger study would need to be undertaken. Ideally, the sample of suicidal subject families should be more representative both in the range of adolescent suicidal behaviors represented as well as in the composition of the families themselves. The inclusion of single-parent, blended, and immigrant families could only strengthen the study's conclusions. The non-suicidal sample should be similarly representative.

All three raters in this study expressed the wish that they had a longer and more varied sampling of each family's interactions. It is hard to argue against quantity. It would be possible, and indeed desirable, to bolster the impact of the results of the Family Task, in a larger experiment, with questionnaires and/or structured interviews, as long as the investigations could insure that therapy would be provided, as a protective measure, to all suicidal subject families.

The necessity of detailed transcripts to accompany the videotapes has already been discussed. The transcripts would have to identify each speaker

as well as provide a record of all non-verbal behavior. In a large subject family, several observers would be needed to prepare such a comprehensive transcript.

The raters in this study had a similar knowledge and experience and that commonality is reflected in their observations. A greater range and depth of analysis might result from using a more diverse group of raters.

The major obstacle to be overcome if research into the interactions of suicidal families is to be pursued, is the great difficulty in obtaining subjects. Until the attitude of society, toward such families, changes from condemnation to compassion, persuading families, which are already smarting from the painful probing of psychotherapy, to submit themselves to yet more examination, will be challenging indeed. Nevertheless, if we want to increase our effectiveness, as mental health professionals, in predicting, preventing, and treating adolescent suicidal behavior, the problem of attracting suitable subject families is one which must be solved.

In Chapter 1 of this study, certain issues pertaining to suicidal families were raised. Do the members of suicidal, schizophrenic, and anorectic families interact in similar ways? Does suicidal behavior serve an adaptive function in such families? The conceptual model, advanced in this study, of the suicidal family suggested that, as in schizophrenic and anorectic families, each member's attempted definition of the relationship is either rejected or disconfirmed. Caught up in a pattern of incongruent communication and unable and/or unwilling to escape the family system, it is further suggested that the adolescent might decide to leave the field through self-destruction rather than through madness or refusal to eat.

In some families, an adolescent's attempted suicide will at least temporarily unite family members in a common concern. If such a family receives the necessary counselling to improve the family system, the adolescent's suicide attempt might appear almost beneficial. However, flirting with self-destruction is a dangerous solution to family problems. Some adolescents are permanently disabled or even killed by botched suicide attempts. The guilt, anger, and sorrow resulting from such suicides

can have serious repercussions for an already troubled family. How much better it would be if suicidal families could be so assessed and counselled before any attempts at suicide were made.

Perhaps the lure of family research is that we have all been affected by experiencing a family, a phenomenon which takes a lifetime to fully comprehend. The more we think we know about family interactions, the more questions which remain to be answered. To mangle an old Irish joke, we can say as we observe the family that we know that it works in practice, but does it really work in theory?

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APPENDIX 1

USE OF THE TERM "SUICIDAL FAMILY"

It is, of course, misleading, as Jackson (1977-a) comments, to label an entire family schizophrenic, anorectic, or suicidal since the implication is that every member has been so diagnosed. Furthermore, such psychiatric labels reflect a linear, individually-oriented way of thinking. The identified patient has experienced delusions, hallucinations, and nonsensical speech. Therefore, he has probably satisfied the criteria for a diagnosis of schizophrenia. Such a label could not logically be applied to the patient's family system. If the expression "schizophrenic family" is intended to implicate all family members in the patient's disorder, the term is not linguistically capable of such an expansion and is therefore disceptive. The language of individual psychology is, unfortunately, ill-suited for the needs of a family perspective.

Minuchin, Rosman, and Baker (1978) grappled with this inadequacy when they decided on the term "anorectic" rather than "anorexogenic" family.

We are attempting to describe the interpersonal transactions that organize the behavior of family members in dysfunctional patterns - the feedback circularity by which family members constrain each other. We are attempting to describe the multiple determination of symptoms, and the symptoms carried by different members. We are attempting to describe the identified patient as an active participant in a process in which there are no victimizers or victims, only family members involved in the small details of everyday living (p.51).

Although neither "anorectic" nor "anorexogenic" was the logically correct term, Minuchin et al. settled on "anorectic" because it better conveyed the idea that the identified patient was only showing the symptomatic behavior of a disorder which permeated the entire family system. Each family member participated in that disorder and therefore, the family as a whole must bear the label and not just the patient with the recognizably desirable

behavior. It is a common practice among interactionists to refer to the families of schizophrenics and anorectics as schizophrenic and anorectic families. For these reasons, I have adopted the term "suicidal family" in this study in preference to either "suicidogenic family" or the family of the suicide.

APPENDIX 2

WILTWYCK FAMILY TASK

Recorded Instructions:

1. Suppose all of you had to work out a menu for dinner tonight and would all like to have your favorite foods for dinner, but you can only have one meat, two vegetables, one drink, and one dessert. Talk together about it, but you must decide on one meal you would all enjoy that has one meat, two vegetables, one drink, and one dessert. Remember, you must end up agreeing on just one meal that everyone would enjoy. Okay, turn off the machine and go ahead.
2. Here is something else for you to figure out together. In every family different people have different ways about them. How about in your family: who's the most bossy, the biggest trouble-maker, the one who gets away with murder, the one who fights the most, the biggest crybaby? Now, suppose you talk about it together and decide who in your family is the most this way: which one is the most bossy, who is the

biggest trouble-maker, which one gets away with murder, which one fights the most, and who is the biggest crybaby? Just talk about as many of these as you can remember. Now, turn off the machine and go ahead.

3. Now, in every family things happen that cause a fuss now and then. Discuss and talk together about an argument you had, a fight or argument at home that you can remember. Talk together about it, like what started it, who was in on it, and what went on, and also how it turned out in the end. See if you can remember what it was all about. Take your time. Turn off the machine and go ahead.
4. Let's make believe. Let's make believe that somebody gave the family \$10 to spend together, but there's one thing: all of you must agree on how it should be spent, what you will do with it so everyone is satisfied. Talk it over and decide together how you would spend the \$10 so that all of you agree on it. Turn off the machine and go ahead.

5. For this one, each of you tell about the things everyone does in the family: the things that please you the most and make you feel good, and also the things each one does that make you unhappy or mad. Everyone try to give his own ideas about this. You may turn off the machine and go ahead.
6. We have something we want you to build together. We have one made up for you to copy from. There are enough pieces for you to put it together. The model you will copy from is on the table. Use the pieces in the box next to it to build your copy from. You can work on the table. Remember, it's for the whole family to work on together. Okay, turn off the machine and go ahead.

The last and sixth instruction on the tape machine is the performance task, wherein the family is given the assignment of reassembling an asymmetric construction of wooden pieces. We used Creative Playthings Inc. Asymmetric Space Construction Kit A812 with 25 pieces for the whole family to reassemble. We now feel that a

better procedure would be to divide the pieces of wood among the members of the group and then ask them to proceed with the construction of the model.

Two additional "implicit" tasks were employed:

7. Task around gift selection. When the above assignments had been carried out by the family members, the psychologist re-entered the room and after commenting about the constructed block model and the refreshments, offered the family a selection of three gifts from which they could choose only one. The psychologist then left the room, leaving the three gifts. These presents were selected specifically for each family and included a group game like Bingo or checkers; a game that only one child could play at a time; and another than was for an older or a younger child, or a girl's or boy's game. The gifts cost approximately \$1 to \$1.50 each, and were selected on the basis of the family grouping.
8. Task around nurturance. Refreshments were offered to the family as a means of testing

nurturance interaction under different conditions. One cupcake more and one bottle of soda and drinking cup less than the number of members present were provided. This situation made possible the observation of interaction around cooperation and competition with regard to the distribution of food.



APPENDIX 3

FAMILY TASK USED FOR ANORECTIC FAMILIES: Copyright permission was unavailable. The Family Task used for anorectic families may be located in Appendix A of Minuchin, S., Rosman, B.L., & Baker, L. Psychosomatic Families. Cambridge, Massachusetts; Harvard University Press, 1978.

Pages 111 to 116 inclusive.

APPENDIX 4

CONSENT

We agree to participate in the family study as described and conducted by Mrs. J.B. Dumont.

We understand that our Family Task Session will be recorded on videotape and that the tape will be erased following the completion of this study. In exchange, we understand that we will be allowed to view the videotape of our Family Task Session. It is further agreed that we will not be identified by name and that the confidentiality of the information will be maintained beyond those people directly involved in this research study.

Signed: _____

Witnessed: _____

DATED this _____ day of _____

Edmonton, Alberta

APPENDIX 5

FAMILY TASK

1. Plan a meal together that all of you would enjoy. It should contain one meat, two vegetables, and a dessert.
- 1A. Discuss what you would do together with \$40 so that everyone would have a good time.
2. Discuss a recent family argument: who started it, what went on, and how it was resolved.
- 2A. Discuss who in the family is the most bossy, the biggest trouble-maker, the one who fights the most, and the biggest cry-baby.